

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra W. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000046704 (8)

1. Corporation Name
WILLIAMSON AND ZANER, P.A.

Principal Place of Business
2825 S.E. 17TH STREET
OCALA FL 34471

Mailing Address
2825 S.E. 17TH STREET
OCALA FL 34471-5516

3. Date incorporated or Qualified 05/31/1996
3a. Date of last report
4. FEI Number 59-3380334
5. Certificate of Status Desired \$8.75 Additional Fee
6. Election Campaign Financing Trust Fund Contribution \$5.00 Additional Fee
8. This corporation has liability for intangible tax under Florida Statutes Yes No

2. Principal Place of Business
2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

Name and Address of Current Registered Agent
SALLEY, STEPHEN G
390 N. ORANGE AVENUE #2500
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. State

Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature is required when retaining) DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME 2. STREET ADDRESS 3. CITY-ST-ZIP	WILLIAMSON, CAROL E D.M.D. 2825 S.E. 17TH STREET OCALA FL 34471	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	100002257681-2 -08/05/97-01017-014 ***165.00 ***165.00
4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY-ST-ZIP	ZANER, DAVID J D.M.D. 2825 S.E. 17TH STREET OCALA FL 34471	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
8. TITLE 9. NAME 10. STREET ADDRESS 11. CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
12. TITLE 13. NAME 14. STREET ADDRESS 15. CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
16. TITLE 17. NAME 18. STREET ADDRESS 19. CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
20. TITLE 21. NAME 22. STREET ADDRESS 23. CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; this I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE
Carol E. Williamson, President

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CAROL E. WILLIAMSON, D.M.D.
DAVID J. ZANER, D.M.D.
LIMITED TO PERIODONTICS

July 23, 1997

Division of Corporations
Annual Reports Section
P O BOX 1500
Tallahassee, Fl. 32302-1500

Dear Sir or Madame:

I recently received a second notice for filing of the profit corporation annual report. This report was filed on 2/25/97 and was accompanied by a check in the amount \$165. Enclosed is a copy of our check register which shows that the check was written on 2/25/97 and that the check number was 3569. You will also find a letter of filing instructions from the CPA who prepared the return.

I can only assume that the report was lost by the postal service. Unfortunately, the secretary who balanced my checkbook failed to research why the check for \$165 continued to be outstanding, so I was unaware that the report was not received.

I request that you waive the additional fees for late filing under the circumstances. I am enclosing a second check for \$165. I ask that you notify this office by mail at the address listed on the form or by phone at (352) 694-7500, so that we will know that the report has been received and that you are in agreement with waiving the late charges.

Thank you in advance for your cooperation.

Sincerely,

Carol E. Williamson

Carol E. Williamson, D.M.D.

CEWcb